



OCIP ENROLLMENT FORM

State of Utah Project Information

Project _____
 Awarding Contractor _____ Prime Contractor: _____
 Type of work to be done _____
 Start Date _____ End Date _____

CONTRACTOR INFORMATION

Your Company Name _____ Indv ___ Ptshp ___ Corp ___ J/V ___
 Your Company **Federal Employer Identification Number:** _____
 Your Address: _____
 Office Contact: _____ Phone: _____ Fax: _____
 Site Contact: _____ Phone: _____ Fax: _____
 Safety Contact: _____ Phone: _____ Fax: _____
 Insurance Contact: _____ Phone: _____ Fax: _____
 Payroll Contact: _____ Phone: _____ Fax: _____
 Address (if different): _____

CONTRACT INFORMATION: Contract #: _____ Contract Value \$ _____

Job Name/Description: _____ DBE/MBE/WBE: _____
 % Self Performed Work _____ Estimated Project Payroll _____
 % Subcontracted Work _____ Estimated # of Subcontractors _____

CURRENT INSURANCE INFORMATION

Information Disclosed On This Form Is Subject To Audit And Adjustment Throughout The Term Of The Construction.

Contractor's Insurance Broker or Agent:

Company Name: _____ Contact: _____
 City: _____ Phone: (_____) _____

This enrollment form must be received PRIOR to starting work on the Project.

The following enrollment information is required along with this OCIP Form 1 to complete OCIP enrollment:

Contractor ☐s **1.) Commercial General Liability Declaration (Rate) Page**
2.) Workers ☐ Compensation Information (Rate) Page/s
3.) Certificate of Insurance

Send form:

Prime Contractor returns form to Construction Division with signed Contracts.

Subcontractor attaches form to subcontract agreement and returns it to the UDOT Resident Engineer.